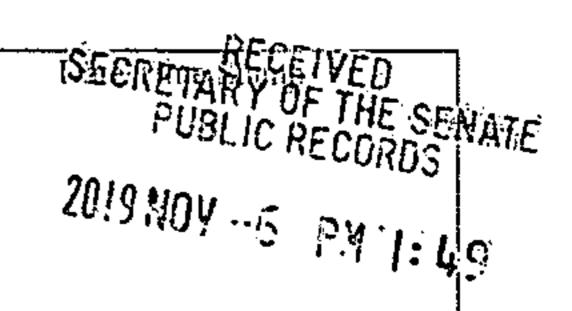


COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

ame of Traveler:	gela Linga ee: Sen. John	
		3
avel Expenses Paid by (Li	ist all sources): He	rifage Foundation
avel Date(s): しん/c	2/19-10/11/19	<u> </u>
•		jee Pre-Travel Authorization
	*	
irpose of Amendment (des	cribe the reason for amendi	ing original submission):
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···	. 	<u> </u>
		•
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1\ \int 6 \setminus 2019 (Date)		Angla Lings (Spinature of Traveler)



EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC SEP 9'19ph 4:46

	Angela Lingg	
Name of Traveler:	Son John Konnodu	
Employing Office/Committee:	Sen. John Kennedy	
Heritage Foundation Private Sponsor(s) (list all): 10/9/19-10/11/19		
Travel date(s):	ny reason you <u>must</u> notify the Committee.	
Destination(s):		
Explain how this trip is specifically connected to	the traveler's official or representational duties:	
This event will provide an opportunity to learn about better understanding of policy issues will better help secretary.	It policy issues that are directly related to my job as a deputy press secretary. A p me communicate policy ideas clearly and effectively in my role as a deputy press	
Name of accompanying family member (if any) Relationship to Employee: Spouse Ch		
I certify that the information contained in this fo	rm is true, complete and correct to the best of my knowledge:	
9/9/2019 (Date)	Malla Angle (Signaphre of Employee)	
TO BE COMPLETED BY SUPERVISING SENATOR Secretary for the Majority, Secretary for the Minority	OR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, y, and Chaplain):	
1, John Kennedy (R-La) (Print Senator's/Officer's Name)	hereby authorize Angela Linga (Print Tradeler's Name)	
related expenses for travel to the event described	cept payment or reimbursement for necessary transportation, lodging, and dabove. I have determined that this travel is in connection with his or her and will not create the appearance that he or she is using public office for	
I have also determined that the attendance of the of the Senate. (signify "yes" by checking box)	e employee's spouse or child is appropriate to assist in the representation	
9/9/2014 (Date)	(Signature of Supersising Senator/Officer)	
(Revised 10/19/15)	Form RE-	